

DMV-32-R  
Rev. 2/98

**WEST VIRGINIA DIVISION OF MOTOR VEHICLES**  
 1800 Kanawha Boulevard, East, Building 3  
 Charleston, WV 25317

**APPLICATION FOR DUPLICATE REGISTRATION CARD,  
 DECAL OR PLATE AND CHANGE OF ADDRESS**

**Cash by mail is at sender's risk. Any check tendered to this department which  
 is not honored by any banking institution will result in a \$10.00 service charge.**

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City	County	State	Zip Code
Make	Year	Weight	Plate Number
Exp. Date	Title Number	VIN Number	

**A REGISTRATION CARD, LICENSE PLATE OR DECAL WILL BE ISSUED IF THE  
 COMMISSIONER IS SATISFIED THE ORIGINAL IS LOST, STOLEN OR  
 DESTROYED, AND UPON CERTIFICATION TO THAT EFFECT**

**Give Reason for Requesting Replacement** \_\_\_\_\_

**Please Check Transaction(s) that apply:    Application for:**

**(a) Change of Address only    \$5.00    (b) Duplicate Registration Card    \$5.00**

**\*(c) Duplicate Decal    \$5.00    \*(d) Duplicate Plate    \$5.00 (\*Reg. Card Included)**

***\*A STATEMENT OF INSURANCE MUST BE SUBMITTED WITH  
 APPLICATION FOR DUPLICATE PLATE***

**I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in  
 accordance with the provisions of the West Virginia Motor Vehicle Laws and certify that the  
 statements made are true and correct to the best of my knowledge and belief under penalty  
 of false swearing. West Virginia Motor Vehicle Law 17A-9-1; Fraudulent Applications.**

**Effective Date of Insurance Policy: From    To**

**Name of Insurance Company** \_\_\_\_\_

**Name of Agent** \_\_\_\_\_

**Insurance Policy Number** \_\_\_\_\_

**If the title reads "AND," signature of both owners must appear**

**(X)** \_\_\_\_\_  
 Owner's Signature

**(X)** \_\_\_\_\_  
 Owner's Signature